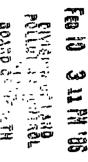




American Cyanamid Company P O Box 262 Michigan City, IN 46360 (219) 874-6211

January 22, 1986



Mr. David D. Lamm Indiana State Board of Health Division of Land Pollution Control 1330 West Michigan Street P. O. Box 1964 Indianapolis, Indiana 46206

Mr. Lamm:

Enclosed are forms E, F and G of the State Hazardous Waste Annual Report.

The Michigan City plant of American Cyanamid does generate laboratory quantities of mercury waste. (D.O.T. Hazard Class ORM-B, EPA Hazardous Waste Number U-151). This waste is not discarded product, off grade product or spill residues. It is generated solely from the use of a scientific laboratory instrument. (The waste produced contains mercury that when subjected to the EP toxicity test would generate a leachate containing in excess of 0.2 mg/l of mercury).

Best Regards,

AMERICAN CYANAMID, COMPANY

D. L. Weik Chief Chemist

DLW:mvt Enclosure

cc: Mr. R. A. Dennis Mr. R. V. Toloso NA MC

File

INDIANA STATE OF THE CONTROL OF THE INDIANA STATE O

INDOOS159546 SQG AMERICAN CYANAMID COMPANY 1800 EAST U.S. 12 MICHIGAN CITY, IN 46360



PAGE 1 OF

FORM E:

Installation Identification Form

ENVIRONMENTAL MANAGEMENT ROARD INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2. 1. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1985 FORM G: FORM F: FACILITY BIENNIAL REPORT GENERATOR BIENNIAL REPORT SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE DID NOT GENERATE/TSD HAZARDOUS GENERATE LESS THAN GENERATE BETWEEN l x 100 Kg PER MONTH 100 & 1000 Kg . PER MONTH II. INSTALLATION'S EPA I.D. NUMBER I | N | D | O | O | 5 | 1 | 5 | 9 | 5 | 4 | 6 III. NAME OF INSTALLATION A ME | RI | C | A | N | | C | Y | A | N | AM | I | D | | C | O | M | P | A | N | Y | IV. INSTALLATION MAILING ADDRESS Street or P. O. Box | 1 | 8 | 0 | 0 | | E | A | S | T | | U | | S | City or Town M I C H I G A N dirlyl Zip Code State LOCATION OF INSTALLATION ٧. Street or P. O. Box SIAME City or Town Zip Code County State INSTALLATION CONTACT VI. Last Name First Name Phone (area code & no.) |W|E|I|K| | | | | | | | | | DALLE!!! 2 | 1 | 9 | / | 8 | 7 | 4 | - 16 | 2 | 1 | 1 VII. CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. R. V. TOLOSO, PLANT MANAGER (C.) DATE SIGNED (A.) PRINT OR TYPE NAME AND TITLE (B.) SIGNATURE

SBII66-001 State Form 19288R

Please print or type with ELITE type (12 characters per inch).

Revised 10/85

Ovvision of Land Pollogen Central INDIANA CTATE BOARD OF HEALTH 1350 Web Michigan Street P & Box 1964 Indiana role, Indiana 46206





FORM F: FACILITY ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 19 85

ENVIRONMENTAL MANAGEMENT BOARD (Collected under the authority of IC 13-7-8.5-2 Indiana Environmental Management Act) XIV. FACILITY'S EPA ID NUMBER I N D 0 0 5 1 5 95 4 6 XV. COST ESTIMATES FOR FACILITIES This information is required only on one copy of Form F. COST ESTIMATE FOR POST CLOSURE A. COST ESTIMATE FOR FACILITY CLOSURE В. MONITORING AND MAINTENANCE , 4 9 0 .00 .00 XVI. GENERATOR'S NAME (specify) GENERATOR'S EPA ID NUMBER AMERICAN CYANAMID COMPANY XVII. GENERATOR'S ADDRESS INDO051 1 5 95 46 Street or P. O. Box 1 8 0 0 E A S T State Zip MIICHIIGAN CITY City or Town XII. WASTE IDENTIFICATION (B.) (C.) (E.) N (D.) Ui **EPA** HAND-UNIT OF **AMOUNT** (A.) M **HAZARDOUS** WEIGHT LING I DESCRIPTION OF WASTE OF WASTE WASTE **METHOD** (circle В N (limit to 45 characters) (in Pounds or E (see codes) (code)* one) Tons) E R 1 INSTRUMENT WASTE D 0 0 9 T SOI T 2 (WASTE CONTAINING MERCURY) 3 T 4 Τ 5 T 6 T 7 T P * T 8

XIII. COMMENTS (enter information by line number -- see instructions)
 * See Section XVIII-C of instructions for wastes handled by more than one method.

P'AGE	0F	

Division of Land Poneuga Control
"INDIALL: STATE HOARD OF HEALTH
153" West by nigon Street
F. O. Bux 1964
Indianapulis, Indiana 46206





FORM G: GENERATION ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 119 85

UNVIRONMENTAL MANAGEMENT BOARD

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	VIII. GENERATOR'S EPA I												14 6	
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dur i	ng the year.												•	
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	FACILITY'S NAME (specify).								F	ACI	LIT	Y'S E	PA ID	NUMBER
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	et or P. O. Box 18 0 0 E A S T	U		1	2]		L	LL			11		
ity	or Town MICHIGAN CITY	11			L				State) I	N	Zip	4/6	3 6 0 2
(11.	WASTE IDENTIFICATION				78								· /e	
N U M B R R	(A.) DESCRIPTION OF WASTE (Timit to 45 characters)	(B.) DOT HA- ZARD CLAS		(C.) EPA HAZARDOUS WASTE (see codes)			;)	O	(D. AMOU WA Pou T	NT Ste	(E.) UNIT OF WEIGHT (circle one)			
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	. COMMENTS (enter information by Time													

State Form 19286R SMInt-002

Revised 10/85

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